

**Osteoporosis Mass Media Reporting Form**  
**Please complete and mail, fax or e-mail to:**  
**Genie Prewitt, RN, MSN Osteoporosis Program Manager**  
**Department for Public Health**  
**275 E. Main Street – HS2W-E**  
**Frankfort, KY 40621**  
**Fax:502-564-4667 Phone: 502-564-7996 ext. 3777**  
**Email: [genieprewitt@ky.gov](mailto:genieprewitt@ky.gov)**

Date(s) Begin ____-____-____ End ____-____-____		County(ies) _____			Contact Person: _____ Responsible Organization _____	
Topic(s) Covered	Purpose	Media Type	Number of airings, sites, hits etc	Estimated reach (# of people exposed, or impacted)	Primary Target Audience(s)	Estimated Cost or in-kind value if donated
<input type="checkbox"/> <b>Osteoporosis, General Awareness</b>  <input type="checkbox"/> <b>Primary prevention</b> <input type="checkbox"/> Exercise <input type="checkbox"/> Nutrition  <input type="checkbox"/> <b>Secondary Prevention</b> <input type="checkbox"/> Exercise <input type="checkbox"/> Nutrition  <input type="checkbox"/> Fall Prevention <input type="checkbox"/> Screening/testing <input type="checkbox"/> Medications <input type="checkbox"/> Other	<input type="checkbox"/> General Awareness <input type="checkbox"/> Individual Behavior Change <input type="checkbox"/> Policy Change	<input type="checkbox"/> Newspaper <input type="checkbox"/> Newsletter <input type="checkbox"/> Radio <input type="checkbox"/> Radio Show <input type="checkbox"/> TV <input type="checkbox"/> Billboard <input type="checkbox"/> Cinema Ad <input type="checkbox"/> Website <input type="checkbox"/> List serve/Web  Name of Outlet _____			<input type="checkbox"/> Children 9 & below <input type="checkbox"/> Girls-Youth 10-18 <input type="checkbox"/> Women 19-44 <input type="checkbox"/> Women 45-59 <input type="checkbox"/> Women 60+  <input type="checkbox"/> Boys-Youth 10-18 <input type="checkbox"/> Men 19-44 <input type="checkbox"/> Men 45-59 <input type="checkbox"/> Men 60+	Paid \$ _____  Value \$ _____  Earned _____
General Description/Comments:						<div style="border: 2px solid black; padding: 5px;"> <b>Source(s) of Funding or In-Kind</b> </div>